

SUP # 2017-6026

Administrative Special Use Permit Application

PROPERTY LOCATION: 1322 Prince St & 202 South West Street, Alexandria, Va 22314ZONE: CLTAX MAP REFERENCE: 074.01-11-01

APPLICANT'S INFORMATION:

Applicant: Massage Relax Center LLC Business/Trade Name: Live Health CenterAddress: 1322 Prince St, Alexandria, Va 22314Phone: 917-775-2530jx389000@126.comEmail: ~~JOHN.DOE@THEREALDOE.COM~~

PROPOSED USE:

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Day Care Center
Light Auto Repair
Overnight Pet Boarding
Outdoor Garden Center
Catering Business
Valet Parking

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Restaurant
Outdoor Dining (exclude King Street Retail)
Live Theater
Outdoor Food and Crafts Market Center
Outdoor Display
Massage Establishment

Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: Xiao Ji

Please submit the following with this application form:

Site Plan - At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan - At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 1322 Prince St, Alexandria, Va 22314
(property address), for the purposes of operating a Massage & Spa (use)
business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: SYD Properties Phone: 703-946-5009
Address: 8330 Queen Elizabeth Blvd; Email: YUNSTY@GMAIL.COM
Annandale, VA 22003
Signature: [Signature] Date: 05/24/2017

1. The applicant is the (check one):

- ☐ Owner
☐ Contract Purchaser
☒ Lessee or
☐ Other: _____

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

the Entity is a LLC, in which Ji Xiao and Sandy Lin owned 50% equally.

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

- ☐ Yes. Provide proof of current City business license
☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

N/A

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Live Health Center is a Japanese-style comprehensive spa massage, foot massage, beauty & body care, and total relaxations. It is to provide an elegant environment with exceptional services with well trained staff, quality products, reasonable cost of services.

3. Please describe the proposed hours of operation:

Days	Hours 11 Hours
Daily	10am - 9pm

Or give hours for each day of the week

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

4. Please describe the capacity of the proposed use:

- A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

we are expecting 10 to 15 clients per day. the busiest time during business is in the evening between 6pm - 9pm.

- B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

Employees will be 2-3 full times. there is no plan to hire any part time employee. we might do so if our business doing better than we expected.

5. A. How many parking spaces of each type are provided for the proposed use:

Standard and compact spaces
Handicapped accessible spaces
Street Parkings Other

B. Please give the number of:

Parking spaces on-site 0

Parking spaces off-site 0

If the required parking will be located off-site, where will it be located?

Ample Street Parkings

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use?

No Loading is needed

B. Where are off-street loading spaces located?

No Loading is needed

C. During what hours of the day do you expect loading/unloading operations to occur?

No Loading is needed

D. How frequently are loading/unloading operations expected to occur per day or per week?

No Loading is needed

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, will be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

None

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: XJ THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: XJ THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

<u>Xiao Ji</u> _____ Print Name of Applicant or Representative	<u>Title: President of Massage Relax Center LLC</u> _____
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<u>Xiao Ji</u> _____ Signature	<u>05/23/2017</u> _____ Date
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If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone: 917-775-2530

Email: jx389000@126.com

Fax: _____